

WSGL WEINGARTEN, SCHURGIN, GAGNEBIN & LEBOVICI LLP*Intellectual Property Law*
Patents • Trademarks • CopyrightsTen Post Office Square
Boston, Massachusetts 02109
Tel. 617.542.2290 • Fax. 617. 451.0313
www.wsglip.com**RECEIVED
CENTRAL FAX CENTER****APR 18 2007****FACSIMILE COVER SHEET**

DATE: 4/18/07

TO: Examiner John P. Leubecker
TC Art Unit: 3739

Fax No.: 571-273-8300

FROM: Thomas O. Hoover

No. of pages transmitted
(including this page):

Our File: VSI-005AX

Time:

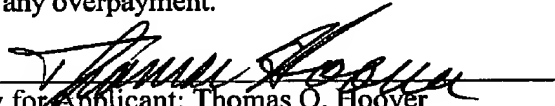
Your Ref:

Sent by: Tanya

Application No. 09/660,840
Filed Date: September 13, 2000
Confirmation No.: 7821A confirmation copy of this transmission will not be mailed unless the following is checked: ☐
MESSAGEPLEASE DELIVER DIRECTLY TO:
EXAMINER John P. Leubecker Tel. (571) 272-4769
TC ART UNIT NO: 3739**FOR ENTRY**

Enclosed for filing please find a: Change of Correspondence Address form

The Commissioner is hereby authorized to Charge Deposit Account No. 23-0804 for any additional filing fees associated with this communication or credit any overpayment.


Attorney for Applicant: Thomas O. Hoover
Registration No. 32,470

323528.1

THIS MESSAGE MAY CONTAIN CONFIDENTIAL OR PRIVILEGED INFORMATION INTENDED ONLY FOR THE PERSON(S) IDENTIFIED ABOVE. IF IT HAS BEEN RECEIVED AT ANY OTHER PLACE OR HAS NOT BEEN CLEARLY RECEIVED, PLEASE CALL THE ABOVE IDENTIFIED SENDING PARTY COLLECT FOR INSTRUCTIONS. DO NOT SHOW OR DISTRIBUTE THIS MESSAGE TO ANYONE OTHER THAN THE INTENDED RECIPIENT(S). THANK YOU.

APR 18 2007

PTO/SB/122 (01-06)

Approved for use through 12/31/2008. OMB 0851-0035

U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

**CHANGE OF
CORRESPONDENCE ADDRESS
Application**Address to:
Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

Application Number	09/660,840
Filing Date	09-13-2000
First Named Inventor	Paul Remijan
Art Unit	3739
Examiner Name	John Leubecker
Attorney Docket Number	VSI-005AX

Please change the Correspondence Address for the above-identified patent application to:

☒ The address associated with
Customer Number:

00207

OR

☐ Firm or
Individual Name

Address

City

State

Zip

Country

Telephone

Email

This form cannot be used to change the data associated with a Customer Number. To change the data associated with an existing Customer Number use "Request for Customer Number Data Change" (PTO/SB/124).

I am the:

☐ Applicant/Inventor☐ Assignee of record of the entire interest.
Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96).☒ Attorney or agent of record. Registration Number 32,407☐ Registered practitioner named in the application transmittal letter in an application without an executed oath or declaration. See 37 CFR 1.33(a)(1). Registration Number _____

Signature

Typed or Printed
Name

Thomas O. Hoover

Date

Telephone

617-542-2290

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.

☒ Total of 1 forms are submitted.

This collection of information is required by 37 CFR 1.33. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.11 and 1.14. This collection is estimated to take 3 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

If you need assistance in completing the form, call 1-800-PTO-9199 and select option 2.